

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	[Automated system and method for providing accurate, non-invasive insurance status verification]																																					
Application Number : Date : First Named Applicant: Dr. Jonathan K. Miller Attorney Docket Number:																																						
<b>TOTAL FEE AUTHORIZED \$ 616</b>  Patent fees are subject to annual revisions on or about October 1st of each year.																																						
Filing as small entity  BASIC FILING FEE <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table> EXTRA CLAIM FEES <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 5</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 5</td><td>2</td><td>2201</td><td>43</td><td>86</td></tr><tr><td>Multiple Dependent Claims</td><td></td><td>2203</td><td>145</td><td>145</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 231</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385	Subtotal For Basic Filing Fees: \$ 385				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 5	0	2202	9	0	Independent Claims : 5	2	2201	43	86	Multiple Dependent Claims		2203	145	145	Subtotal For Extra Claims Fees: \$ 231				
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<b>AUTHORIZED BILLING INFORMATION</b> <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>  Credit account number: 9439 Expiration Date (YYYYMMDD): 2007-09-30 Authorized name: Kenneth Miller Billing address: 30013																																						